TENET HEALTHCARE CORP

Form 4

November 01, 2004

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number:

Expires:

3235-0287 January 31,

0.5

if no longer subject to Section 16. Form 4 or

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

2005 Estimated average

OMB APPROVAL

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Form 5 obligations may continue.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

KERREY J ROBERT

2. Issuer Name and Ticker or Trading

Symbol

TENET HEALTHCARE CORP

5. Relationship of Reporting Person(s) to

(Check all applicable)

Issuer

[THC]

(Last)

(First)

(Middle)

3. Date of Earliest Transaction

X_ Director 10% Owner Other (specify Officer (give title below)

3820 STATE STREET

10/28/2004

(Month/Day/Year)

(Street)

(Zip)

4. If Amendment, Date Original

(Instr. 8)

6. Individual or Joint/Group Filing(Check

Filed(Month/Day/Year)

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

(Instr. 4)

Person

(City)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

(State)

SANTA BARBARA, CA 93105

Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D)

5. Amount of Securities Beneficially Owned

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial Ownership (I)

(Instr. 4)

(A)

Following Reported Transaction(s) (Instr. 3 and 4)

or

Code V Amount (D) Price

(Instr. 3, 4 and 5)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of 3. Transaction Date 3A. Deemed Derivative (Month/Day/Year) Execution Date, if Conversion Security or Exercise any

5. Number of 6. Date Exercisable and TransactionDerivative **Expiration Date** Code Securities (Month/Day/Year)

7. Title and Amount of **Underlying Securities** (Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (A) or Disposed (D) (Instr. 3, 4, and 5)				
				Code V	(A) (I	D) Date Exercisable	Expiration Date	Title	Amount or Number of Shares
2004 October Director Deferred Stock Units	\$ 0	10/28/2004		A	12,195	<u>(1)</u>	<u>(1)</u>	Common Stock	12,195
2002 B Director Option (Right to Buy)	\$ 28.75					10/31/2002	10/31/2012	Common Stock	18,000
2003 D Director Option (Right to Buy)	\$ 13.78					10/30/2003	10/30/2013	Common Stock	18,867
Stock Units (2)	\$ 0					(3)	(3)	Common Stock	21,967

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
KERREY J ROBERT 3820 STATE STREET SANTA BARBARA, CA 93105	X					

Signatures

/s/ Kerrey, J.
Robert

**Signature of Reporting Person

Approximate Parameter Paramete

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) These deferred stock units vest ratably on each of the first, second and third anniversaries of the date of grant or become fully vested upon termination of service, whichever occurs first, and are settled in shares of the Company's common stock only upon termination of service.

Reporting Owners 2

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- (2) These Stock Units were accrued under the Company's Deferred Compensation Plan.
- (3) Stock Units are settled in shares of the Company's common stock upon termination of service.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.